

Health Notes

Slipped Discs

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"I slipped a disc" is a routine comment made by many of my patients everyday in my office. They have heard this phrase and they reason that when there is back pain, it must be a "slipped disc." The truth of the matter is that the phrases "slipped disc" and "disc out of place," are layman's terms used to denote episodes of low-back pain that are felt to be related to a disc problem. To understand the dynamics of a disc condition, you must first understand some basic spinal anatomy.

A disc is a cushion between the bones of the spine. The bones of the spine are called vertebrae and discs are appropriately called intervertebral discs. The disc does have a cartilage-like composition, but also has a high water content. Its design makes it a flexible structure that allows for movement and shock absorption. The disc has two important areas. The outer portion is called the annulus fibrosus. This is composed of fibrous rings, which encircle the inner part of the disc called the nucleus pulposus.

The nucleus pulposus has a high fluid content and has the consistency of toothpaste. It's almost like the design of Dunkin' Donuts boston cream donut. The composition of the nucleus pulposus gives the disc its hydraulic action. As we move, the nucleus shifts its position like the bubble on a carpenter's level. The disc squeezes down on one side and expands somewhat on the other.

The disc has fibers that attach to each endplate of the vertebra above it and below it. A disc cannot "slip" or "go out of place." Categorically, there are three basic types of disc conditions.

A degenerated disc is a very common condition that develops over time. It is often the result of an old injury or the end result of years of microtrauma. When not isolated to one or two disc levels, it is often considered normal "wear and tear," or even may be the product of a widespread systemic disorder. The early stages of disc degeneration usually begin with an injury. The muscles of the spine respond with spasm around the vertebra to support and protect the disc. If the spasm is not relieved, a "fixation" develops which is nothing more than a locking of joints. This

locking then inhibits motion of the spinal joint.

Motion is extremely important in the health of an intervertebral disc. Fluid exchange takes place with the disc and surrounding structure only when motion of the spine occurs. This fluid exchange keeps the disc "pumped up" with water and fed with nutrients. Without freely moving joints of the spine, the discs will not receive what they need to stay healthy. Over time, the disc dehydrates and thins, losing its shock absorbing capability. Osteoarthritis, the "wear and tear" arthritis, usually sets in and the spinal joints become compressed. Often, spurs develop. The nerve openings of the spine above and below the affected disc narrow, putting pressure on these nerves, which cause pain and stiffness.

A disc bulge is just what it sounds like. The disc swells or bulges as the result of some type of insult. The outer rings of the disc, the annulus fibrosus, protrudes, usually to the area supplied by a nerve. Depending on the location of the bulge, back or neck pain develops in varying severity and possibly leg or arm pain follows.

A herniated disc has bulging, but there is some tearing of the disc's outer rings as well. The jelly-like center of the disc, the nucleus pulposus, migrates, usually towards a nerve. If the fibers of the disc tear completely, there is nothing left to contain the nucleus. This is called a rupture and is almost always a surgical condition.

Diagnosis of a disc condition is accomplished by a number of ways. A trained health professional will choose which test is appropriate. Treatments of disc conditions are highly specialized. Depending on the condition (non-surgical), a chiropractor will use manipulation {force and non-force techniques}, therapy machines, nutritional counseling, and exercise for treatment. The medical approach usually includes medication, physical therapy, and possibly pain management techniques. More and more there is an open relationship between these two disciplines that allows for co-treatment of a patient. This is of great benefit to the patient.

If you have a disc condition, there are treatments available. You may never completely resolve your problem, but you may find ways with the appropriate treatment to make it more manageable. 

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